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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: September 03, 2004

Typed Name of Person Mailing Paper or Fee: Thomas Olson

Signature:

Thomas Olson

PATENT APPLICATION

DOCKET NO. 10004377-4

**IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S): Stephen V. Deckers

CONFIRMATION NO. 7095

SERIAL NO.: 10/788,543

GROUP ART UNIT: 3651

FILING DATE(effective): 02/27/2004

EXAMINER: Tran, Khoi H.

TITLE: DISK CARTRIDGE DATA STORAGE METHODS AND APPARATUS

RESPONSE TO RESTRICTION REQUIREMENT

**MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450**

SIR OR MADAM:

This reply is in response to the Office action comprising a restriction requirement, which was mailed 08/04/2004.

Claim Summary:

Claims originally submitted: 21-32.

Claims subject to restriction requirement: 21-32.

Claims hereby elected: 21, 24, 26-28, and 31.

*Application S/N: 10/788,543
Docket Number: 10004377-4
Response to Restriction Requirement*

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Stephen V. Deckers

Confirmation No.: 7095

Application No.: 10/788,543

Examiner: Tran, Khoi H.

Filing Date: 02/27/2004

Group Art Unit: 3651

Title: DISK CARTRIDGE DATA STORAGE METHODS AND APPARATUS



Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- () Response/Amendment () Petition to extend time to respond
() New fee as calculated below () Supplemental Declaration
(X) No additional fee
(X) Other: Response to Restriction Requirement (fee \$)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		= 0	X \$18	\$ 0
INDEP. CLAIMS		MINUS		= 0	X \$86	\$ 0
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$280	\$ 0
EXTENSION FEE	1ST MONTH \$110.00	2ND MONTH \$420.00	3RD MONTH \$950.00	4TH MONTH \$1480.00		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

Stephen V. Deckers

By Thomas Olson

Thomas Olson

Attorney/Agent for Applicant(s)

Reg. No. 44,271

Date of Deposit: Sept. 03, 2004

Typed Name: Thomas Olson

Signature: Thomas Olson

Date: Sept. 03, 2004